

Application for Electrical Apprentice / Fire Alarm Specialty Apprentice Technician**117**

Michigan Department of Consumer & Industry Services
Bureau of Construction Codes & Fire Safety
Electrical Division
P.O. Box 30255
Lansing, MI 48909
517/241-9320

OFFICE USE ONLY

Fee: \$5.00

Authority: 1956 PA 217

Completion: Mandatory

Penalty: Certificate of Registration will not be issued

The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Instructions - This form is for 1st time apprentice registration only. If you have previously registered call for assistance.

- Complete and sign the application. Type or print in ink.
- The supervising master electrician's signature must be notarized.**
- Enclose a check payable to **State of Michigan**.
- Mail **completed** application and fee to the address shown above.

Applicant Information

INDICATE WHICH APPRENTICE REGISTRATION YOU ARE SEEKING			
ELECTRICAL APPRENTICE		FIRE ALARM SPECIALTY APPRENTICE TECHNICIAN	
NAME (Last Name, First Name, Middle Initial)		DATE OF BIRTH	SOCIAL SECURITY NO.
STREET ADDRESS		CITY	COUNTY
STATE	ZIP CODE	TOWNSHIP	TELEPHONE NO. ()

I understand that I am responsible for maintaining a chronological record of my employment as an electrician apprentice and agree to submit proof of such employment when requested by the proper authority. I further understand the requirements prerequisite to completion of an electrical apprenticeship include the completion of 8,000 hours over a four year period of employment time engaged in electrical work under the supervision of a licensed electrical journeyman or master electrician. I understand as an apprentice I am prohibited from engaging in electrical work without the direct supervision of a licensed electrician.

Certification and Signature of Applicant

I certify the information provided is true and accurate to the best of my ability. I further understand falsification of any statement is cause for rejection of application or revocation of electrical apprentice registration, if issued.

APPLICANT'S SIGNATURE

DATE

Sponsoring Employer Information - Locally licensed contractors must provide a copy of current license with this application

SPONSORING EMPLOYER		CONTRACTOR/FIRE ALARM CONTRACTOR LICENSE NO.	
ADDRESS	CITY	STATE	ZIP CODE
HIRE DATE OF APPLICANT		TELEPHONE NO. ()	

Certification and Signature of Supervising Master Electrician - Signature must be notarized

I certify the information provided is true and accurate to the best of my ability.

SIGNATURE OF SUPERVISING MASTER ELECTRICIAN / FIRE ALARM SPECIALTY TECHNICIAN

MASTER / FIRE ALARM SPECIALTY TECHNICIAN LICENSE NO.

Subscribed and sworn before me, this _____ day of _____, _____, a Notary Public
in and for _____ County, Michigan.

(Signature of Notary Public)

My Commission expires: _____.